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Image# 14940137320

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3  |             | For An              | _         | rized Comr          | nittee           |                 |                 | Office  | e Use Only                  |  |  |
|---|-------------|---------------------|-----------|---------------------|------------------|-----------------|-----------------|---------|-----------------------------|--|--|
| 1. NAME OF<br>COMMITTEE (in                             | full)       | TYPE OR PRIN        | T 🔻       |                     | mple: If typing  | g, type         | 12FE4M          | 5       |                             |  |  |
| Gloria Bromell  | Tinub       | u for Congres       | s         |                     |                  |                 |                 |         | ı                           |  |  |
|   |             |                     |           |                     |                  |                 |                 |         |                             |  |  |
|   |             | PO Box 5134         |           |                     |                  |                 |                 |         |                             |  |  |
| ADDRESS (number ar                                      |             |                     |           |                     |                  |                 |                 |         |                             |  |  |
| Check if dif  | ferent      |                     |           |                     |                  |                 |                 |         |                             |  |  |
| than previous reported. (A                              | usly        | Myrtle Beach        |           |                     |                  |                 | SC              | 29579   | 9                           |  |  |
| 2. <b>FEC IDENTIFIC</b>                                 | CATION      | NUMBER ▼            |           | CITY                |                  |                 | STATE A         |         | ZIP CODE A STATE ▼ DISTRICT |  |  |
| C C0050824  | 12          |                     | 3.        | IS THIS<br>REPORT   | × NEW (N)        | OR              | AMENI<br>(A)    | DED     | SC 07                       |  |  |
| 4 TVDE OF DE  | DODT /      |                     | İ         |                     |                  |                 |                 |         |                             |  |  |
| <ul><li>4. TYPE OF RE</li><li>(a) Quarterly R</li></ul> |             | Choose One)         | (b)       | 12-Day <b>PRE</b> - | Election Repo    | rt for the:     |                 |         |                             |  |  |
|   |             |                     |           |                     | Primary (12P)    |                 | General (       | 12G)    | Runoff (12R)                |  |  |
| April 15  | Quarterl    | y Report (Q1)       |           |                     | Convention (1    | 12C)            | Special (1      | 12S)    |                             |  |  |
| July 15   | Quarterly   | Report (Q2)         |           |                     |                  | D D /           |                 |         |                             |  |  |
| Octobe  | r 15 Quai   | terly Report (Q3)   |           | Election on         | W W /            |                 |                 |         | in the<br>State of          |  |  |
| X January   | / 31 Year-  | End Report (YE)     | (c) ;     | 30-Day <b>POS</b> 1 | -Election Rep    | ort for the:    |                 |         |                             |  |  |
|   |             |                     |           |                     | General (30G     |                 | Runoff (3       | 0R)     | Special (30S)               |  |  |
| Termina   | ition Repo  | ort (TER)           |           | Election on         | M M /            | D D /           | Y " Y " Y " Y   |         | in the<br>State of          |  |  |
| 5. Covering Period                                      | N           | 1 M / D D D 01      |           | 2013 Y              | through          | M M M           | / D D /         | Y       | Y Y Y 2013                  |  |  |
| I certify that I have e                                 | examined    | this Report and t   | o the b   | est of my kno       | owledge and b    | pelief it is tr | ue, correct an  | d com   | nplete.                     |  |  |
| Type or Print Name                                      | of Treasu   | rer Mr Joseph E     | merson    | Washington          |                  |                 |                 |         |                             |  |  |
| Signature of Treasure                                   | er <u>M</u> | Ir Joseph Emerson W | ashingtor | n ,                 | Electronically F | iled] D         | Date 01         | /       | 28 / Y Y Y Y 2014           |  |  |
| NOTE: Submission of                                     | false, err  | oneous, or incomp   | ete info  | rmation may s       | ubject the pers  | son signing t   | his Report to t | the per | nalties of 2 U.S.C. §437g.  |  |  |
| Office<br>Use   |             |                     |           |                     |                  |                 |                 | F       | EC FORM 3                   |  |  |
| Only  |             |                     |           |                     |                  |                 |                 |         | Revised 02/2003)            |  |  |

#### **SUMMARY PAGE**

of Receipts and Disbursements

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2013

12

31

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### Gloria Bromell Tinubu for Congress

10 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 6710.80 33253.54 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 6710.80 33253.54 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 3899.40 64847.80 (from Line 17) ..... (b) Total Offsets to Operating 0.00 1848.80 Expenditures (from Line 14)..... (c) Net Operating Expenditures 3899.40 62999.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 3472.87 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 341691.66 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

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1848.80

0.00

66702.34

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

#### Gloria Bromell Tinubu for Congress

12 2013 10 01 2013 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 1300.00 18150.00 (i) Itemized (use Schedule A)..... 325.00 10017.74 (ii) Unitemized ..... (iii) TOTAL of contributions 1625.00 28167.74 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 5000.00 5000.00 (such as PACs)..... 85.80 85.80 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 6710.80 33253.54 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 700.00 30900.00 Candidate..... 200.00 700.00 (b) All Other Loans..... TOTAL LOANS 900.00 31600.00 (add Lines 13(a) and (b)).....

0.00

0.00

7610.80

14. OFFSETS TO OPERATING EXPENDITURES

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

15. OTHER RECEIPTS

(Refunds, Rebates, etc.) .....

(Dividends, Interest, etc.) .....

(Carry Total to Line 24, page 4).....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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| II. DISBURSEMENTS |   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|-------------------|---|-------------------------------|------------------------------------|
| 17.               | OPERATING EXPENDITURES  | 3899.40                       | 64847.80                           |
| 18.               | TRANSFERS TO OTHER AUTHORIZED COMMITTEES                          | 0.00                          | 0.00                               |
| 19.               | LOAN REPAYMENTS:  |                               |                                    |
|                   | (a) Of Loans Made or Guaranteed by the Candidate                  | 631.19                        | 5900.00                            |
|                   | (b) Of All Other Loans  | 0.00                          | 0.00                               |
|                   | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))               | 631.19                        | 5900.00                            |
| 20.               | REFUNDS OF CONTRIBUTIONS TO:                                      |                               |                                    |
|                   | (a) Individuals/Persons Other Than Political Committees           | 0.00                          | 0.00                               |
|                   | (b) Political Party Committees                                    | 0.00                          | 0.00                               |
|                   | (c) Other Political Committees (such as PACs)                     | 0.00                          | 0.00                               |
|                   | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))    | 0.00                          | 0.00                               |
| 21.               | OTHER DISBURSEMENTS   | 0.00                          | 0.00                               |
| 22.               | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)      | 4530.59                       | 70747.80                           |
|                   | III. CASH SU  | JMMARY                        |                                    |
| 23.               | CASH ON HAND AT BEGINNING OF REPO                                 | RTING PERIOD                  | 392.66                             |
| 24                | TOTAL RECEIPTS THIS PERIOD (from Line                             | 16, page 3)                   | 7610.80                            |
| 25.               | SUBTOTAL (add Line 23 and Line 24)                                |                               | 8003.46                            |
| 26.               | TOTAL DISBURSEMENTS THIS PERIOD (fro                              | om Line 22)                   | 4530.59                            |
| 27.               | CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25) | IG PERIOD                     | 3472.87                            |

### SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: [ |     |  |     |  | PAGE | : | 5  | OF |  | 60 |
|--------------------|-----|--|-----|--|------|---|----|----|--|----|
| (check only one)   |     |  |     |  |      |   |    |    |  |    |
| X                  | 11a |  | 11b |  | 11c  |   | 11 | d  |  | _  |
|                    | 12  |  | 13a |  | 13b  |   | 14 |    |  | 15 |

|          | Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. |   |                                    |  |  |  |  |  |  |
|----------|--|---|------------------------------------|--|--|--|--|--|--|
|          | NAME OF COMMITTEE (In Full) Congress Gloria Bromell Tinubu for Cong  | ress  |                                    |  |  |  |  |  |  |
| <u> </u> | Full Name (Last, First, Middle Initial) Robin D Anderson   |   | Date of Receipt                    |  |  |  |  |  |  |
| А.       | Mailing Address 1532 Sunnyside Drive   |   | 12 02 2013                         |  |  |  |  |  |  |
|          | City<br>Columbia   | State Zip Code<br>SC 29204                      | Transaction ID : C9872873          |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | · .   |                                    |  |  |  |  |  |  |
|          | Name of Employer retired   | 300.00  |                                    |  |  |  |  |  |  |
|          | Receipt For: 2012 Primary General Other (specify)  | Election Cycle-to-Date 300.00                   |                                    |  |  |  |  |  |  |
| В.       | Full Name (Last, First, Middle Initial) Robbin Shipp   | Date of Receipt                                 |                                    |  |  |  |  |  |  |
|          | Mailing Address 154 Chester Dr.  |   | 12 31 2013                         |  |  |  |  |  |  |
|          | City<br>Atlanta  | State Zip Code<br>GA 30316                      | Transaction ID : C9899497          |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | C   | Amount of Each Receipt this Period |  |  |  |  |  |  |
|          | Name of Employer self  | Occupation attorney                             | 1000.00                            |  |  |  |  |  |  |
|          | Receipt For: 2012 Primary General Other (specify)  | * In-Kind: debt forgiveness - services inkinded |                                    |  |  |  |  |  |  |
| _        | Full Name (Last, First, Middle Initial)  |   | Date of Receipt                    |  |  |  |  |  |  |
| C.       | Mailing Address  |   | M M / D D / Y Y Y Y                |  |  |  |  |  |  |
|          | City   | State Zip Code                                  |                                    |  |  |  |  |  |  |
|          | FEC ID number of contributing federal political committee.   | C   | Amount of Each Receipt this Period |  |  |  |  |  |  |
|          | Name of Employer   | Occupation                                      |                                    |  |  |  |  |  |  |
|          | Receipt For: Primary General Other (specify)   | Election Cycle-to-Date                          |                                    |  |  |  |  |  |  |
| S        | SUBTOTAL of Receipts This Page (optional)  | 1300.00   |                                    |  |  |  |  |  |  |
| Г        | OTAL This Period (last page this line number   |   | 1300.00                            |  |  |  |  |  |  |

### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

|                          | F  | ЭR               | LINE | NU | MBER: | : | PAGE |  | 6 OF |  | 60 |
|--------------------------|----|------------------|------|----|-------|---|------|--|------|--|----|
| Use separate schedule(s) | (c | (check only one) |      |    |       |   |      |  |      |  |    |
| for each category of the |    |                  | 11a  |    | 11b   | × | 11c  |  | 11d  |  |    |
| Detailed Summary Page    |    |                  | 12   |    | 13a   |   | 13b  |  | 14   |  | 15 |

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress Full Name (Last, First, Middle Initial) PROGRESSIVE VOTERS OF AMERICA Date of Receipt Mailing Address PO BOX 852 2013 25 City State Zip Code Transaction ID: C9872764 VT 05402 **BURLINGTON** FEC ID number of contributing Amount of Each Receipt this Period C00406553 federal political committee. 5000.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00

TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 7 OF (check only one) **X** 11d 11a 11b 11c

60 Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 12 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress Full Name (Last, First, Middle Initial) Gloria Bromell Tinubu Date of Receipt Mailing Address 1403 7th Ave 2013 31 City State Zip Code Transaction ID : C9899502 SC 29526 Conway FEC ID number of contributing Amount of Each Receipt this Period H2SC07108 federal political committee. 85.80 Name of Employer Occupation Coastal Carolina University **Economist** Receipt For: 2012 Election Cycle-to-Date Primary X General \* In-Kind: debt forgiveness - travel exp inkinded 30985.80 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 85.80 SUBTOTAL of Receipts This Page (optional)..... 85.80 TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

|                          | FOR  | LINE    | NU | MBER: | PAGE | : | 8 OF | 60 |
|--------------------------|------|---------|----|-------|------|---|------|----|
| Use separate schedule(s) | (che | ck only | or | ne)   |      |   |      |    |
| for each category of the |      | 11a     |    | 11b   | 11c  |   | 11d  |    |
| Detailed Summary Page    |      | 12      | X  | 13a   | 13b  |   | 14   | 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress Full Name (Last, First, Middle Initial) Gloria Bromell Tinubu Date of Receipt Mailing Address 1403 7th Ave 2013 15 City State Zip Code Transaction ID: C9889055 SC 29526 Conway FEC ID number of contributing Amount of Each Receipt this Period H2SC07108 federal political committee. 700.00 Name of Employer Occupation Coastal Carolina University **Economist** Receipt For: 2012 Election Cycle-to-Date Primary X General 30985.80 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... 700.00 TOTAL This Period (last page this line number only).....

| maye# 14940137326                                      |                               |   |  |
|--|-------------------------------|---|--|
| SCHEDULE A (FE<br>TEMIZED RECEIP                       | •                             | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 9 OF 60 (check only one)  11a 11b 11c 11d 11d 12 13a X 13b 14 15               |
|  |                               |   | person for the purpose of soliciting contributions are to solicit contributions from such committee. |
| NAME OF COMMITTEE OF Gloria Bromell Tile               | In Full)<br>nubu for Congress |   |  |
| Full Name (Last, First, M<br>Conway National B         |                               |   | Date of Receipt  |
| Mailing Address PO Box                                 |                               |   | M M / D D / Y Y Y Y Y 1 1 1 15 2013  |
| City<br>Conway   | State<br>SC                   | Zip Code<br>29528   | Transaction ID : C9888567  |
| FEC ID number of contri<br>federal political committee | Ŭ .                           |   | Amount of Each Receipt this Period   |
| Name of Employer                                       | Occupation                    | 1   | 200.00   |
| Receipt For: 2012 Primary Other (specify)              | eneral Election C             | ycle-to-Date<br>700.00  |  |
| Full Name (Last, First, M                              | iddle Initial)                |   | Date of Receipt  |
| Mailing Address  | Olaka                         | 7in Code  | M M / D D / Y Y Y Y  |
| City   | State                         | Zip Code  |  |
| FEC ID number of contri<br>federal political committee | · / .                         |   | Amount of Each Receipt this Period   |
| Name of Employer                                       | Occupation                    | ו   |  |
| Receipt For: Primary Other (specify)                   | eneral Election C             | ycle-to-Date  |  |
| Full Name (Last, First, M                              | iddle Initial)                |   | Date of Receipt  |
| Mailing Address  |                               |   | M M / D D / Y Y Y Y  |
| City   | State                         | Zip Code  |  |
| FEC ID number of contri<br>federal political committe  | е. С                          |   | Amount of Each Receipt this Period   |
| Name of Employer                                       | Occupation                    | 1<br>   | ,,   |
| Receipt For:  Primary G Other (specify)                | eneral Election C             | ycle-to-Date  |  |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

200.00

### SCHEDULE B (FEC Form 3)

**PAGE** 10 60 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Conway National Bank 2013 Mailing Address PO Box 320 10 07 City State Zip Code Amount of Each Disbursement this Period SC Conway 29528 Purpose of Disbursement 6.38 interest on credit line Transaction ID: D460968 Candidate Name Category/ Type Disbursement For: 2012 Office Sought: House ✓ General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) Conway National Bank Date of Disbursement Mailing Address PO Box 320 06 2013 11 City State Zip Code Amount of Each Disbursement this Period SC 29528 Conway 5.34 Purpose of Disbursement interest on credit line Transaction ID: D460969 Candidate Name Category/ Type Disbursement For: Office Sought: House 2012 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Conway National Bank Mailing Address PO Box 320 2013 City State Zip Code Amount of Each Disbursement this Period Conway SC 29528 Purpose of Disbursement 3.46 interest on credit line Transaction ID: D461412 Candidate Name Category/ Type Office Sought: Disbursement For: 2012 House X General Senate Primary President Other (specify) State: District: 15.18 SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

| lm        | nage# 14940137330  |  |   |   |  |  |  |  |  |  |  |
|-----------|--|--|---|---|--|--|--|--|--|--|--|
|           | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS  | Use separate sch<br>for each category<br>Detailed Summar | of the                                  | FOR LINE NUMBER: PAGE 11 OF 60 (check only one)    X   17         |  |  |  |  |  |  |  |
|           | ny information copied from such Reports and Statements m<br>for commercial purposes, other than using the name and |  |   |   |  |  |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress   |  |   |   |  |  |  |  |  |  |  |
| ۹.        | Full Name (Last, First, Middle Initial) First Data Corporation   | Date of Disbursement                                     |   |   |  |  |  |  |  |  |  |
|           | Mailing Address 5565 Glenridge Connector NE  | 10 03 2013   |   |   |  |  |  |  |  |  |  |
|           | City State Atlanta GA  |  | Amount of Each Disbursement this Period |   |  |  |  |  |  |  |  |
|           | Purpose of Disbursement credit card processing fees  |  |   | 1.26<br>Transaction ID : D460966                                  |  |  |  |  |  |  |  |
|           | Candidate Name   |  | Category/<br>Type                       |   |  |  |  |  |  |  |  |
|           | Office Sought:  House Senate Primary President  Other (s   | X General  |   |   |  |  |  |  |  |  |  |
| 3.        | Full Name (Last, First, Middle Initial)  First Data Corporation  Mailing Address 5565 Glenridge Connector NE       |  |   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |  |  |  |  |  |  |  |
|           | City State   | Zip Code   | Amount of Each Disbursement this Period |   |  |  |  |  |  |  |  |
|           | Atlanta GA   | 30342  |   |   |  |  |  |  |  |  |  |
|           | Purpose of Disbursement credit card processing fees  Candidate Name  |  |   | 0.37 Transaction ID : D460967                                     |  |  |  |  |  |  |  |
|           |  |  | Category/<br>Type                       |   |  |  |  |  |  |  |  |
|           | Office Sought:  House Senate Primary President  Other (s   | X General  |   |   |  |  |  |  |  |  |  |
|           | Full Name (Last, First, Middle Initial)  |  |   |   |  |  |  |  |  |  |  |
| Э.        | Gloria Bromell Tinubu  |  |   | Date of Disbursement  |  |  |  |  |  |  |  |
|           | Mailing Address 1403 7th Ave   | 12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |   |   |  |  |  |  |  |  |  |
|           | City State Zi Conway SC 2  | Amount of Each Disbursement this Period                  |   |   |  |  |  |  |  |  |  |
|           | Purpose of Disbursement forgiveness of debt  | 85.80  |   |   |  |  |  |  |  |  |  |
|           | Candidate Name Gloria Bromell Tinubu   | Transaction ID : D464042                                 |   |   |  |  |  |  |  |  |  |

SC

Office Sought:

State:

FE5AN018

House

Senate

District:

President

07

SUBTOTAL of Disbursements This Page (optional).....

Disbursement For: 2012

Primary

Other (specify)

X General

1.63

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|  | FOR LINE  | NUMBER  | F | AGE | 12 | OF  | 60 |     |
|--|-----------|---------|---|-----|----|-----|----|-----|
| Use separate schedule(s)   | (check on | ly one) |   |     |    |     |    |     |
| for each category of the   | X         | 17      |   | 18  |    | 19a |    | 19b |
| Detailed Summary Page  |           | 20a     |   | 20b |    | 20c |    | 21  |
| ly not be sold or used by any person for the purpose of soliciting contributions |           |         |   |     |    |     |    |     |

|            |  | Summary Fa | aye               |  | 20a        | 20b                | 20c                  | 21    |  |  |
|------------|--|------------|-------------------|--|------------|--------------------|----------------------|-------|--|--|
|            | ly information copied from such Reports and Statements may not be for commercial purposes, other than using the name and address of  |            |                   |  |            |                    |                      |       |  |  |
| $\rangle$  | NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress   | ·          |                   |  |            |                    |                      |       |  |  |
| ۹.         | Full Name (Last, First, Middle Initial)  Gloria Bromell Tinubu  Mailing Address, 1403 7th Ave.   |            |                   | Date   |            | ursement           | 2013                 |       |  |  |
|            | Mailing Address 1403 7th Ave   | 'ada       |                   |  |            |                    |                      |       |  |  |
|            | City State Zip C Conway SC 29520  Purpose of Disbursement debt forgiveness - travel exp inkinded   |            |                   | Amount of Each Disbursement this Period  85.80 |            |                    |                      |       |  |  |
|            | Candidate Name  Gloria Bromell Tinubu  Office Sought: House Disbursement For: 2012   | C          | Category/<br>Type |  |            | : D464105          |                      |       |  |  |
|            | Senate President Other (specify)  State: SC District: 07   | General    |                   | " in-r   | Kind Rece  | eivea              |                      |       |  |  |
| 3.         | Full Name (Last, First, Middle Initial)  Google Apps  Mailing Address Assat As |            |                   | М  |            | D D /              | y                    | Y     |  |  |
|            | Mailing Address 1600 Amphitheatre Parkway  City State Zip C  Mountain View CA 94043  |            |                   | Amo  |            | 04<br>uch Disburse | 2013<br>ement this P | eriod |  |  |
|            | Purpose of Disbursement email/advertisment   | 3<br>      |                   | Transa   |            | : D461585          | 30.0                 | 00    |  |  |
|            | Candidate Name   | C          | Category/<br>Type |  |            |                    |                      |       |  |  |
|            | Office Sought:    House   Disbursement For: 2012     Senate   Primary   Other (specify)     State: District:   | General    |                   |  |            |                    |                      |       |  |  |
| _          | Full Name (Last, First, Middle Initial)  Google Apps   |            |                   | Date   | of Disbu   | ırsement           |                      |       |  |  |
| <b>J</b> . | Mailing Address 1600 Amphitheatre Parkway  |            |                   |  | M /        | 05                 | 2013                 | 7     |  |  |
|            | City State Zip Code Mountain View CA 94043 Purpose of Disbursement   |            |                   | Amo  | unt of Ea  | ch Disburse        | ement this P         | -     |  |  |
|            | email/advertisment  Candidate Name   |            | Category/         | Transa   | ction ID : | : D461586          |                      |       |  |  |
|            | Office Sought:  House Senate President  Disbursement For: 2012  Primary Other (specify)  State:  | General    | Type              |  |            |                    |                      |       |  |  |
| s          | UBTOTAL of Disbursements This Page (optional)  |            |                   | С  | - ,        | ,                  | 145.8                | 30    |  |  |
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|           | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS  | Use separate sch<br>for each category<br>Detailed Summar | y of the                          | FOR LINE NUMBER: (check only one)    X   17   |
| Ar<br>or  | ly information copied from such Reports and Statements me for commercial purposes, other than using the name and | nay not be sold or address of any poli                   | used by any l                     | person for the purpose of soliciting contributions be to solicit contributions from such committee. |
| $\rangle$ | NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress   |  |                                   |   |
| ۹.        | Full Name (Last, First, Middle Initial) Google Apps  |  |                                   | Date of Disbursement  |
|           | Mailing Address 1600 Amphitheatre Parkway  |  |                                   | 12 04 2013  |
|           | City State Mountain View CA  | Zip Code<br>94043  |                                   | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement email/advertisment  Candidate Name   | Category/  | 30.00<br>Transaction ID : D461587 |   |
|           | Office Sought:  Senate Primary President  State:  Disbursement For Primary Other (s                              | X General  | Type                              |   |
| 3.        | Full Name (Last, First, Middle Initial)  Dwane Heyward  Mailing Address 92 Abraham PI                            |  |                                   | Date of Disbursement  11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                   |
|           | City State Georgetown SC   | Zip Code<br>29440-6341                                   |                                   | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement consulting srvs- fin./office management  Candidate Name                                  |  | Category/<br>Type                 | 60.00<br>Transaction ID : D458685   |
|           | Office Sought:  Senate President  State:  Disbursement For Primary Other (s                                      | <b>X</b> General   | 1,700                             |   |
| Э.        | Full Name (Last, First, Middle Initial)  Dwane Heyward   |  |                                   | Date of Disbursement  |
|           | Mailing Address 92 Abraham PI  | in Codo  |                                   | 12 05 2013  |
|           | Georgetown SC 2  | ip Code<br>29440-6341                                    | I                                 | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement consulting srvs- fin./office management  |  |                                   | 80.00   |
|           | Candidate Name   | Transaction ID : D458686                                 |                                   |   |

Office Sought:

State:

House

Senate

District:

President

Disbursement For: 2012

SUBTOTAL of Disbursements This Page (optional).....

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Primary

Other (specify)

Marcal General

170.00

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|    | CHEDULE B (FEC<br>EMIZED DISBURSE                       | -           | Use separate sch<br>for each category<br>Detailed Summar | nedule(s)<br>/ of the                   | FOR LINE NUMBER: PAGE 14 OF 60 (check only one)    X   17   |  |  |  |  |
|    |   |             |  |   | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |  |  |  |  |
|    | NAME OF COMMITTEE (In F<br>Gloria Bromell Tinul         | •           |  |   |   |  |  |  |  |
| Α. | Full Name (Last, First, Middle Dwane Heyward            | e Initial)  |  |   | Date of Disbursement  |  |  |  |  |
|    | Mailing Address 92 Abraham                              | ı Pl        |  |   | 12 16 2013  |  |  |  |  |
|    | City<br>Georgetown                                      | State<br>SC | Zip Code<br>29440-6341                                   |   | Amount of Each Disbursement this Period   |  |  |  |  |
|    | Purpose of Disbursement consulting srvs- fin./office ma | anagement   |  |   | 80.00<br>Transaction ID : D458687   |  |  |  |  |
|    | Candidate Name  |             |  | Category/<br>Type                       |   |  |  |  |  |
|    | Office Sought: House Senat President                    | te Primary  | X General  |   |   |  |  |  |  |
|    | State: District:  | - 1:4:-1\   |  |   |   |  |  |  |  |
| В. | Dwane Heyward  Mailing Address 92 Abraham               |             |  |   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |  |  |  |  |
|    | City  | State       |  | Amount of Fook Dishurasment this Devied |   |  |  |  |  |
|    | Georgetown  | SC          | 29440-6341   |   | Amount of Each Disbursement this Period   |  |  |  |  |
|    | Purpose of Disbursement consulting srvs- fin./office ma | anagement   |  |   | 80.00<br>Transaction ID : D458688   |  |  |  |  |
|    | Candidate Name  |             |  | Category/<br>Type                       |   |  |  |  |  |
|    | Office Sought: House Senat President                    | te Primary  | X General  |   |   |  |  |  |  |
|    | State: District:  |             |  |   |   |  |  |  |  |
| C. | Full Name (Last, First, Middle Dwane Heyward            | e Initial)  |  |   | Date of Disbursement  |  |  |  |  |
|    | Mailing Address 92 Abraham                              | ı Pl        |  |   | 12 31 / Y Y Y Y Y Y X   |  |  |  |  |
|    | City<br>Georgetown                                      |             | ip Code<br>29440-6341                                    |   | Amount of Each Disbursement this Period   |  |  |  |  |
|    | Purpose of Disbursement consulting srvs- fin./office ma | anagement   |  |   | 80.00<br>Transaction ID : D458721   |  |  |  |  |
|    | Candidate Name  |             |  | Category/<br>Type                       | 11 ansaction 10 . D430721   |  |  |  |  |
|    | Office Sought: House Senat President                    | te Primary  | X General  |   |   |  |  |  |  |
|    | State: District:  |             |  |   |   |  |  |  |  |
|    |   |             |  |   | 240.00  |  |  |  |  |

SUBTOTAL of Disbursements This Page (optional).....

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### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS  | Use separate schedule for each category of to Detailed Summary Page | e(s) (ch         | PR LINE NUMBER: neck only one)    X   17 | PAGE 15 OF 60  19a 19b 20c 21 |
| Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  Gloria Bromell Tinubu for Congress | •   | , , ,            |  | S .                           |
| Full Name (Last, First, Middle Initial)  Dwane Heyward  Mailing Address 92 Abraham PI   |   |                  | Date of Disbursement                     | 2013                          |
| City State Georgetown SC  Purpose of Disbursement consulting srvs- fin./office management  Candidate Name   |   | ategory/<br>Type | Amount of Each Disb                      | 60.00                         |
| Office Sought:    House   Disbursement Formary  | General   |                  |  |                               |

Full Name (Last, First, Middle Initial)

| B. Dwane Heyward  |  |                   | Date of Disbursement   |
|---|--|-------------------|--|
| Mailing Address 92 Abraham Pl                                   |  |                   | 10 29 7 7 7 7 7  |
| City  | State Zip Code   |                   | Amount of Each Disbursement this Period                      |
| Georgetown  | SC 29440-6341  |                   | Authority of Each Biobardonicht this Forton                  |
| Purpose of Disbursement consulting srvs- fin./office manageme   | nt   |                   | 40.00<br>Transaction ID : D461593                            |
| Candidate Name  |  | Category/<br>Type | Transaction in . D401393                                     |
| Office Sought: House Senate President                           | Disbursement For: 2012 Primary General Other (specify) |                   |  |
| State: District:  |  |                   |  |
| Full Name (Last, First, Middle Initial)  C. Dwane Heyward       |  |                   | Date of Disbursement   |
| Mailing Address 92 Abraham Pl                                   |  |                   | 11 19 / Y Y Y Y Y Y Y 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| City  | State Zip Code   |                   | Amount of Each Disbursement this Period                      |
| Georgetown  | SC 29440-6341  |                   | Attribute of Each Bisbursement this Foriog                   |
| Purpose of Disbursement consulting srvs- fin./office management | nt   |                   | 40.00  |
| Candidate Name  |  | Category/<br>Type | Transaction ID : D461594                                     |
| Office Sought: House Senate President                           | Disbursement For: 2012 Primary General Other (specify) |                   |  |
| State: District:  SUBTOTAL of Disbursements This Page           | e (optional)   |                   | 140.00   |

#### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

**PAGE** 16 60 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress Full Name (Last, First, Middle Initial) NGP Van Inc Date of Disbursement 2013 Mailing Address 1101 15th Street NW Suite 500 10 City State Zip Code Amount of Each Disbursement this Period DC Washington 20005 Purpose of Disbursement 125.00 campaign tracking, disbursement, contribution system Transaction ID: D461590 Candidate Name Category/ Type Disbursement For: 2012 Office Sought: House ✓ General Senate Primary Other (specify) President District: Full Name (Last, First, Middle Initial) NGP Van Inc Date of Disbursement Mailing Address 1101 15th Street NW Suite 500 10 2013 City State Zip Code Amount of Each Disbursement this Period DC 20005 Washington 350.00 Purpose of Disbursement campaign tracking, disbursement, contribution system Transaction ID: D461591 Candidate Name Category/ Type Disbursement For: Office Sought: House X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) C. Office Depot #2179 Date of Disbursement Mailing Address 2701 Church Street Suite A 10 28 2013 City State Zip Code Amount of Each Disbursement this Period Conway SC 29526 Purpose of Disbursement 5.98 office supplies Transaction ID : D461588 Candidate Name Category/ Type Office Sought: Disbursement For: 2012 House X General Senate Primary President Other (specify) State: District: 480.98

SUBTOTAL of Disbursements This Page (optional).....

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| ım       | nage# 14940137336  |  |                      |  |
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|          | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS  | Use separate schr<br>for each category<br>Detailed Summary | edule(s) (<br>of the | FOR LINE NUMBER: PAGE 17 OF 60 (check only one)    X   17                  |
|          | ny information copied from such Reports and Statements r<br>for commercial purposes, other than using the name and |  |                      |  |
| <u> </u> | NAME OF COMMITTEE (In Full)  Gloria Bromell Tinubu for Congress  | address of any point                                       |                      | to consider sommerce.  |
| ١.       | Full Name (Last, First, Middle Initial) Office Depot #2179   |  |                      | Date of Disbursement   |
|          | Mailing Address 2701 Church Street Suite A   |  |                      | 10 28 2013   |
|          | City State Conway SC   | Zip Code<br>29526  |                      | Amount of Each Disbursement this Period                                    |
|          | Purpose of Disbursement office supplies  Candidate Name  |  | Category/            | 101.03<br>Transaction ID : D461589   |
|          | Office Sought:  House Senate President  State:  Disbursement Formany Other (                                       |  | Type                 | _  |
| 3.       | Full Name (Last, First, Middle Initial) Robbin Shipp  Mailing Address 154 Chester Dr.                              |  |                      | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
|          | City State Atlanta GA  | Zip Code<br>30316  |                      | Amount of Each Disbursement this Period                                    |
|          | Purpose of Disbursement fogive debt/inkind services  Candidate Name  |  | Category/<br>Type    | Transaction ID : D464043  [MEMO ITEM]                                      |
|          | Office Sought:  House Senate Primary Other (  State: Disbursement Formary Other (                                  |  |                      |  |
| Э.       | Full Name (Last, First, Middle Initial)  Robbin Shipp  Mailing Address 154 Chester Dr.                             |  |                      | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
|          |  | Zip Code<br>30316  | Category/<br>Type    | Amount of Each Disbursement this Period  1000.00  Transaction ID : D464104 |
|          | Office Sought:  House Senate President  Disbursement Formany Other (   |  | турс                 | * In-Kind Received   |

State:

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District:

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State:

### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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| SCHEDULE B (F<br>ITEMIZED DISBU   |                              | -                                  | Use separate scl<br>for each categor<br>Detailed Summan | nedule(s)<br>y of the | FOR LINE NUMBER: (check only one)  X 17 18 20a 20b          | PAGE 18 OF 60  19a 19b 20c 21 |
|   |                              |                                    |   |                       | person for the purpose of see to solicit contributions from |                               |
| NAME OF COMMITTEE<br>Gloria Bromell 1                                       |                              | Congress                           |   |                       |   |                               |
| Full Name (Last, First, Inc.)  The Oblander Government Mailing Address 1100 | Group LLC                    | 360                                |   |                       | Date of Disbursement  | 2013                          |
| City Atlanta Purpose of Disburseme debt payment                             | ent                          | State<br>GA                        | Zip Code<br>30309                                       |                       | Amount of Each Disb   | 304.00                        |
| Candidate Name  |                              |                                    |   | Category/<br>Type     | Transaction ID: D4640                                       | 44                            |
|   | House<br>Senate<br>President | Disbursement For: Primary Other (s | X General   |                       |   |                               |

Full Name (Last, First, Middle Initial)

| B. The Oblander Group LLC                                     | Date of Disbursement                                     |                   |   |
|---|--|-------------------|---|
| Mailing Address 1100 Spring St Suite                          | : 360  |                   | 10 16 2013                                      |
| City  | State Zip Code   |                   | Amount of Each Disbursement this Period         |
| Atlanta   | GA 30309   |                   |   |
| Purpose of Disbursement fundraising fees for May 2013-debt pa | yment  |                   | 996.00<br>Transaction ID : D458690              |
| Candidate Name  |  | Category/<br>Type | Transaction is . 5430000                        |
| Office Sought: House Senate President                         | Disbursement For: 2012 Primary X General Other (specify) |                   |   |
| State: District:  |  |                   |   |
| C. Verizon Wireless  Mailing Address 2709 Church Street       |  |                   | Date of Disbursement    M M / D D / Y Y Y Y Y 1 |
| City  | State Zip Code   |                   | Amount of Each Disbursement this Period         |
| Conway  | SC 29526   |                   |   |
| Purpose of Disbursement campaign cell phone services          |  |                   | 102.08  |
| Candidate Name  |  | Category/<br>Type | Transaction ID : D461581                        |
| Office Sought:  Senate  President  State:  District:          | Disbursement For: 2012 Primary General Other (specify)   |                   |   |
|   | e (optional)   |                   | 1402.08   |

#### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

**PAGE** 19 60 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Verizon Wireless 2013 Mailing Address 2709 Church Street Zip Code City State Amount of Each Disbursement this Period SC Conway 29526 Purpose of Disbursement 102.75 campaign cell phone service Transaction ID: D461582 Candidate Name Category/ Type Disbursement For: 2012 Office Sought: House ✓ General Senate Primary Other (specify) President District: Full Name (Last, First, Middle Initial) Verizon Wireless Date of Disbursement Mailing Address 2709 Church Street 12 09 2013 City State Zip Code Amount of Each Disbursement this Period SC 29526 Conway 111.95 Purpose of Disbursement campaign cell phone service Transaction ID: D461584 Candidate Name Category/ Type Disbursement For: Office Sought: House 2012 X General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 214.70 SUBTOTAL of Disbursements This Page (optional)..... 3911.40

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| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 OF 60 (check only one) 17 18 X 19a 19b 20a 20b 20c 21 |
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| Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)  Gloria Bromell Tinubu for Congress   |   |  |
| Full Name (Last, First, Middle Initial)  Conway National Bank  Mailing Address PO Box 320  City State Conway SC  Purpose of Disbursement loan repayment  Candidate Name  Office Sought: House Disbursement For Senate Primary President Other (s | X General   | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y            |
| Full Name (Last, First, Middle Initial)  Conway National Bank  Mailing Address PO Box 320  |   | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y              |
| City State Conway SC  Purpose of Disbursement loan repayment  Candidate Name  Office Sought: House Disbursement For Senate Primary President Other (s  | General   | Amount of Each Disbursement this Period  100.00  Transaction ID : D461419      |
| Full Name (Last, First, Middle Initial) Conway National Bank  Mailing Address PO Box 320   |   | Date of Disbursement  M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1        |
|  | X General   | Amount of Each Disbursement this Period  200.00  Transaction ID : D462055      |
| SUBTOTAL of Disbursements This Page (optional)   |   | 600.00   |

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| SCHEDULE B (FEC Form 3) |                                | Use separate schedule(s)         |   | FOR LINE NUMBER: PAGE 21 OF 60 (check only one) |                                   |  |
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|                         |                                |                                  |   |   |                                   | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| 7                       | NAME OF COM                    |                                  | and manne and                                     | <u> </u>  |                                   |  |
|                         |                                | nell Tinubu for Co               | ngress  |   |                                   |  |
|                         | ,                              | First, Middle Initial)           |   |   |                                   | Polo of Birkonson  |
| A.                      | Conway Na                      | ational Bank                     |   |   |                                   | Date of Disbursement   |
|                         | Mailing Address                | PO Box 320                       |   |   |                                   | 10 07 2013   |
|                         | City                           |                                  | State   | Zip Code  |                                   | Amount of Each Disbursement this Period  |
|                         | Conway                         |                                  | SC  | 29528   |                                   |  |
|                         | Purpose of Disbu               | ursement                         |   |   |                                   | 15.46<br>Transaction ID : D462060  |
|                         | Candidate Name                 |                                  |   |   | Category                          | ,  |
|                         | Office Sought:                 | House D                          | isbursement For                                   | 2012  | Туре                              |  |
|                         | Office Sought.                 | Senate                           | Primary   |   |                                   |  |
|                         |                                | President                        | Other (s  |   |                                   |  |
|                         | State:                         | District:                        |   |   |                                   |  |
|                         | •                              | First, Middle Initial)           |   |   |                                   |  |
| В.                      | Conway Na                      | ational Bank                     |   |   |                                   | Date of Disbursement   |
|                         | Mailing Address                | PO Box 320                       |   |   |                                   | 11 06 / Y Y Y Y Y  |
|                         | City                           |                                  | State   | Zip Code  |                                   | Amount of Each Dishuranment this Davied  |
|                         | Conway                         |                                  | SC  | 29528   |                                   | Amount of Each Disbursement this Period  |
|                         | Purpose of Disbuloan repayment | ursement                         |   |   |                                   | 15.73<br>Transaction ID : D462061  |
|                         | Candidate Name                 |                                  |   |   | Category/<br>Type                 |  |
|                         | Office Sought:                 | House D                          | isbursement For                                   |   |                                   |  |
|                         |                                | Senate                           | Primary   | General   |                                   |  |
|                         | Otata:                         | President                        | Other (s  | specity)  |                                   |  |
|                         | State:                         | District: First, Middle Initial) |   |   |                                   |  |
|                         | ruii Name (Last,               | riist, iviidale iriitial)        |   |   |                                   | Date of Disbursement   |
| C.                      |                                |                                  |   |   |                                   |  |
|                         | Mailing Address                |                                  |   |   |                                   | M "M / D "D / Y "Y "Y "Y   |
|                         | City                           |                                  | State Zi  | p Code  |                                   | Amount of Each Disbursement this Period  |
|                         | Purpose of Disbu               | ursement                         |   |   |                                   |  |
|                         | Candidate Name                 |                                  |   | 0.1   |                                   |  |
|                         |                                |                                  |   |   | Category/<br>Type                 |  |
|                         | Office Sought:                 | House D                          | isbursement For                                   | :   |                                   |  |
|                         |                                | Senate                           | Primary   | General   |                                   |  |
|                         |                                | President                        | Other (s  | specify)  |                                   |  |
| _                       | State:                         | District:                        |   |   |                                   |  |
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Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: L776 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 5000.00 2000.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 12<sup>M</sup> <sup>D</sup>30 2011 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: L777 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 02<sup>M</sup> Ž012 none ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L779 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 02<sup>M</sup> <sup>D</sup>14 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L792 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 13000.00 0.00 13000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> 05 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 13000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page 13b Transaction ID: L800 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 51000.00 0.00 51000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>30 <sup>M</sup> 03<sup>M</sup> Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 51000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: L802 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> <sup>D</sup>14 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: L803 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> <sup>D</sup>14 Ž012 none non % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L818 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 05<sup>M</sup> <sup>D</sup>14 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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| AME OF COMMITTEE (In Full)<br>Gloria Bromell Tinubu f | or Congress        |                        | Trans                          | action ID : L | .823                              | - ' '          |
| Gloria Bromell Tinubu                                 |                    |                        | [PERSONAL FUNDS]               | X Prin        |                                   |                |
| Mailing Address<br>1403 7th Ave                       |                    |                        |                                |               | er (specify) $\blacktriangledown$ |                |
| City  | ;                  | State ZIP C            | Code                           | <b>-</b>      |                                   |                |
| Conway  |                    | SC 2952                | 6                              |               |                                   |                |
| Original Amount of Loan                               | 5000.00            | Cumulative Payment     | To Date B                      | alance Outst  | anding at Close o                 | of This Period |
| TERMS   | 4                  | 7                      | 7                              |               | 7                                 | -              |
| Date Incurred   | ž01Ž Y             | Date Du                | v v v                          | one           | Secu<br>% (apr)                   | ured: Yes No   |
| List All Endorsers or Guara                           | antors (if any) to | Loan Source            |                                |               |                                   |                |
| 1. Full Name (Last, First, M                          | iddle Initial)     |                        | Name of Employer               |               |                                   |                |
| Mailing Address                                       |                    |                        | Occupation                     |               |                                   |                |
| City  | State              | ZIP Code               | Amount Guaranteed Outstanding: | 7             | 7                                 |                |
| 2. Full Name (Last, First, Mic                        | ddle Initial)      |                        | Name of Employer               |               |                                   |                |
| Mailing Address                                       |                    |                        | Occupation                     |               |                                   |                |
| City  | State              | ZIP Code               | Amount Guaranteed Outstanding: | -             | 7                                 |                |
| 3. Full Name (Last, First, Mic                        | ddle Initial)      |                        | Name of Employer               |               |                                   |                |
| Mailing Address                                       |                    |                        | Occupation                     |               |                                   |                |
| City  | State              | ZIP Code               | Amount Guaranteed Outstanding: | ,             | 7                                 |                |
| 4. Full Name (Last, First, Mic                        | ddle Initial)      |                        | Name of Employer               |               |                                   |                |
| Mailing Address                                       |                    |                        | Occupation                     |               |                                   |                |
| City  | State              | ZIP Code               | Amount Guaranteed Outstanding: | -             | 7                                 |                |
| SUBTOTALS This Period This I                          | Page (optional)    |                        | <u> </u>                       |               | Ę                                 | 5000.00        |
| TOTALS This Period (last page                         |                    |                        |                                |               | ,                                 |                |
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Detailed Summary Page Transaction ID: L825 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 05<sup>M</sup> <sup>D</sup>30 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L826 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 30000.00 0.00 30000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 <sup>M</sup> 06<sup>M</sup> Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 30000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L828 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 30000.00 0.00 30000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 <sup>M</sup>06<sup>M</sup> Ž012 none no due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 30000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L830 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 26000.00 0.00 26000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup> 11 Ž012 0.00 no due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 26000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: L834 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address X Other (specify) 1403 7th Ave Runoff City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 7000.00 6700.00 300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>26 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 300.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L839 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address X Other (specify) 1403 7th Ave Runoff City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 3500.00 2500.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>10<sup>D</sup> Ž012 none no due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L840 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address X Other (specify) 1403 7th Ave Runoff City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2500.00 2000.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>30 <sup>M</sup> 06<sup>M</sup> Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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**LOANS** (check only one) Detailed Summary Page Transaction ID: L846 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 1300.00 8700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 08<sup>M</sup> 06 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 8700.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L854 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 08<sup>M</sup> <sup>D</sup> 17 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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**LOANS** (check only one) Detailed Summary Page Transaction ID: L855 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 08<sup>M</sup> 20 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L856 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 08<sup>M</sup> 20 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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|---|-----------------|-----------------------|--------------------------------------|--------------------------------|----------------------|
| AME OF COMMITTEE (In Ful<br>Gloria Bromell Tinubu   |                 |                       | Transac                              | tion ID : L862                 |                      |
| Gloria Bromell Tinub  | •               | *                     | [PERSONAL FUNDS]                     | Election: 2012 Primary General |                      |
| Mailing Address<br>1403 7th Ave   |                 |                       |                                      | Other (specify)                |                      |
| City  |                 | tate ZIP Co           | ode                                  |                                |                      |
| Conway  |                 | SC 29526              |                                      |                                |                      |
| Original Amount of Loan   | 3000.00         | Cumulative Payment To | Date Bala                            | ance Outstanding at Close of   | This Period<br>00.00 |
| TERMS  Date Incurre   | Ž01Ž Y          | _                     | Interest Rate<br>o due date 0.00     |                                | $\boxtimes$          |
| List All Endorsers or Gual  1. Full Name (Last, First, I  |                 | oan Source            | Name of Employer                     |                                |                      |
| Mailing Address   |                 |                       | Occupation                           |                                |                      |
| City  | State           | ZIP Code              | Amount<br>Guaranteed<br>Outstanding: | 7 7 7                          |                      |
| 2. Full Name (Last, First, M  | fiddle Initial) |                       | Name of Employer                     |                                |                      |
| Mailing Address   |                 |                       | Occupation                           |                                |                      |
| City  | State           | ZIP Code              | Amount Guaranteed Outstanding:       | 7 7                            |                      |
| 3. Full Name (Last, First, N  | fiddle Initial) |                       | Name of Employer                     |                                |                      |
| Mailing Address   |                 |                       | Occupation                           |                                |                      |
| City  | State           | ZIP Code              | Amount<br>Guaranteed<br>Outstanding: | 9 9                            |                      |
| 4. Full Name (Last, First, M  | 1iddle Initial) |                       | Name of Employer                     |                                |                      |
| Mailing Address   |                 |                       | Occupation                           |                                |                      |
| City  | State           | ZIP Code              | Amount<br>Guaranteed<br>Outstanding: | 7 7 7 7                        |                      |
| SUBTOTALS This Period This Page (optional)  |                 |                       |                                      |                                |                      |
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| AME OF COMMITTEE (In Full)                 | 0                  |                          | Transac                              | ction ID : L868                          |
| Gloria Bromell Tinubu f                    |                    |                          |                                      |  |
| LOAN SOURCE Full Name Gloria Bromell Tinub | ,                  | ,                        | [PERSONAL FUNDS]                     | Election: 2012 Primary  Conord           |
| Mailing Address<br>1403 7th Ave            |                    |                          |                                      | X General   Other (specify) ▼            |
| City                                       | 5                  | State ZIP C              | ode                                  |  |
| Conway                                     |                    | SC 29526                 | i<br>                                |  |
| Original Amount of Loan                    | 5000.00            | Cumulative Payment To    | Date Bala                            | ance Outstanding at Close of This Period |
| TERMO                                      | 4                  |                          | , , , ,                              | 2 2 2                                    |
| Date Incurred                              | ž01ž Y             | Date Due                 | Interest Rate                        | ) % (apr) X                              |
| List All Endorsers or Guara                | antors (if any) to | Loan Source              |                                      | Yes No.                                  |
| 1. Full Name (Last, First, M               | liddle Initial)    |                          | Name of Employer                     |  |
| Mailing Address                            |                    |                          | Occupation                           |  |
| City                                       | State              | ZIP Code                 | Amount Guaranteed Outstanding:       | 9  |
| 2. Full Name (Last, First, Mi              | ddle Initial)      |                          | Name of Employer                     |  |
| Mailing Address                            |                    |                          | Occupation                           |  |
| City                                       | State              | ZIP Code                 | Amount Guaranteed Outstanding:       | 7  |
| 3. Full Name (Last, First, Mi              | ddle Initial)      |                          | Name of Employer                     |  |
| Mailing Address                            |                    |                          | Occupation                           |  |
| City                                       | State              | ZIP Code                 | Amount Guaranteed Outstanding:       | 7  |
| 4. Full Name (Last, First, Mi              | ddle Initial)      |                          | Name of Employer                     |  |
| Mailing Address                            |                    |                          | Occupation                           |  |
| City                                       | State              | ZIP Code                 | Amount<br>Guaranteed<br>Outstanding: | 7  |
| SUBTOTALS This Period This                 | Page (optional)    |                          | · · ·                                | 5000.00                                  |
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(check only one) Detailed Summary Page Transaction ID: L870 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> 01 Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L872 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> <sup>D</sup> 13<sup>D</sup> Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L876 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 12<sup>M</sup> <sup>D</sup>26 Ž012 none no due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: L877 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 5000.00 5000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 12<sup>M</sup> <sup>D</sup>26 Ž012 none no due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: L879 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup> 12<sup>M</sup> Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: L881 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 06<sup>M</sup> 03 2013 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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|--|-------------------|--------------------------|--------------------------------------|--------------------------------|-------------------------|
| AME OF COMMITTEE (In Full)                         |                   |                          | Transa                               | action ID : L882               |                         |
| Gloria Bromell Tinubu for                          | Congress          |                          |                                      |                                |                         |
| LOAN SOURCE Full Name (La:<br>Conway National Bank | st, First, Middle | Initial)                 |                                      | Election: 2012 Primary General | 2                       |
| Mailing Address<br>PO Box 320                      |                   |                          |                                      | Other (spec                    | aify) ▼                 |
| City   | St                | ate ZIP Co               | ode                                  |                                |                         |
| Conway   |                   | SC 29528                 |                                      |                                |                         |
| Original Amount of Loan                            | C                 | Cumulative Payment To    | Date Ba                              | lance Outstanding              | at Close of This Period |
| 2  | 400.00            |                          | 400.00                               |                                | 0.00                    |
| Date Incurred  M 05 M / D 10 D / Y 20              | 3 Y               | Date Due                 | Interest Ra<br>mum monthly 18.       |                                | Secured:  Yes No        |
| List All Endorsers or Guaranto                     |                   | oan Source               |                                      |                                |                         |
| 1. Full Name (Last, First, Middl                   | e Initial)        |                          | Name of Employer                     |                                |                         |
| Mailing Address                                    |                   |                          | Occupation                           |                                |                         |
| City   | State             | ZIP Code                 | Amount Guaranteed Outstanding:       | 7 7                            |                         |
| 2. Full Name (Last, First, Middle                  | Initial)          |                          | Name of Employer                     |                                |                         |
| Mailing Address                                    |                   |                          | Occupation                           |                                |                         |
| City   | State             | ZIP Code                 | Amount Guaranteed Outstanding:       | 7 7                            |                         |
| 3. Full Name (Last, First, Middle                  | Initial)          |                          | Name of Employer                     |                                |                         |
| Mailing Address                                    |                   |                          | Occupation                           |                                |                         |
| City   | State             | ZIP Code                 | Amount Guaranteed Outstanding:       | 7                              |                         |
| 4. Full Name (Last, First, Middle                  | Initial)          |                          | Name of Employer                     |                                |                         |
| Mailing Address                                    |                   |                          | Occupation                           |                                |                         |
| City   | State             | ZIP Code                 | Amount<br>Guaranteed<br>Outstanding: | 7                              |                         |
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| IAME OF COMMITTEE (In Ful     | <br>I)                                  | Transaction ID : L883   |
| Gloria Bromell Tinubu         |   |   |
| LOAN SOURCE Full Nam          | e (Last, First, Middle Initial)         | Election: 2012  |
| Conway National Ba            | ank                                     | Primary  General  |
| Mailing Address<br>PO Box 320 |   | Other (specify) ▼   |
| City                          | State ZI                                | P Code  |
| Conway                        | SC 29                                   | 9528  |
| Original Amount of Loan       | Cumulative Payme                        | ent To Date Balance Outstanding at Close of This Period             |
| 2                             | 100.00                                  | 100.00  |
| TERMS  Date Incurre           | ed Date                                 | Due Interest Rate Secured:  |
| M 05 M / 28 D / Y             | Ž013 Y                                  | minimum monthly 18.00 % (apr) Yes No                                |
|                               | rantors (if any) to Loan Source         |   |
| 1. Full Name (Last, First,    | Middle Initial)                         | Name of Employer  |
| Mailing Address               |   | Occupation  |
|                               |   | Amount  |
| City                          | State ZIP Code                          | Guaranteed Outstanding:   |
| 2. Full Name (Last, First, N  | fiddle Initial)                         | Name of Employer  |
| Mailing Address               |   | Occupation  |
| O'h                           | 710.0-4-                                | Amount<br>Guaranteed  |
| City                          | State ZIP Code                          | Outstanding:  |
| 3. Full Name (Last, First, N  | fliddle Initial)                        | Name of Employer  |
| Mailing Address               |   | Occupation  |
| 011                           | 710.0                                   | Amount<br>Guaranteed  |
| City                          | State ZIP Code                          | Outstanding:  |
| 4. Full Name (Last, First, N  | 1iddle Initial)                         | Name of Employer  |
| Mailing Address               |   | Occupation  |
|                               |   | Amount  |
| City                          | State ZIP Code                          | Guaranteed Outstanding:   |
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Detailed Summary Page Transaction ID: L884 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 06<sup>M</sup> <sup>D</sup>28<sup>D</sup> 2013 0.00 no due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: L885 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 200.00 0.00 200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 07<sup>M</sup> 2013 none no due date % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 200.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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|--|-----------------------|--------------------------------------|---------------------------------|-------------|
| AME OF COMMITTEE (In Full) Bloria Bromell Tinubu for Congres                             | ss                    | Transact                             | tion ID : L886                  |             |
| LOAN SOURCE Full Name (Last, First, Mind Gloria Bromell Tinubu PERS FU                   |                       | [PERSONAL FUNDS]                     | Election: 2012 Primary General  |             |
| Mailing Address<br>1403 7th Ave  |                       |                                      | Other (specify)                 |             |
| City   | State ZIP Co          | de                                   |                                 |             |
| Conway   | SC 29526              |                                      |                                 |             |
| Original Amount of Loan 3500.00  | Cumulative Payment To | Date Balar                           | nce Outstanding at Close of 350 | This Period |
| Date Incurred  M 07  | Date Due              | Interest Rate                        | Secure % (apr)                  | X           |
| Full Name (Last, First, Middle Initial)  | to Loan Source        | Name of Employer                     |                                 |             |
| Mailing Address  |                       | Occupation                           |                                 |             |
| City State   | ZIP Code              | Amount Guaranteed Outstanding:       | 7 7 7                           |             |
| 2. Full Name (Last, First, Middle Initial)   |                       | Name of Employer                     |                                 |             |
| Mailing Address  |                       | Occupation                           |                                 |             |
| City State   | ZIP Code              | Amount Guaranteed Outstanding:       | 7 7 7                           |             |
| 3. Full Name (Last, First, Middle Initial)   |                       | Name of Employer                     |                                 |             |
| Mailing Address  |                       | Occupation                           |                                 |             |
| City State   | ZIP Code              | Amount<br>Guaranteed<br>Outstanding: | 7 7                             |             |
| 4. Full Name (Last, First, Middle Initial)   |                       | Name of Employer                     |                                 |             |
| Mailing Address  |                       | Occupation                           |                                 |             |
| City State   | ZIP Code              | Amount<br>Guaranteed<br>Outstanding: | 9 9 9 9 9                       |             |
| UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line only | y)                    |                                      | 350                             | 00.00       |

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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|   | 13b |

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Detailed Summary Page Transaction ID: L903 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS ★ General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>30 <sup>M</sup> 09<sup>M</sup> 2013 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

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| OANS                          | -                    |                          | for each categor                     | ory of the  | (check only one) 13a                |
|-------------------------------|----------------------|--------------------------|--------------------------------------|-------------|-------------------------------------|
| NAME OF COMMITTEE (In FU      |                      | e                        | 7                                    | Transaction | 1                                   |
| LOAN SOURCE Full Nan          |                      |                          |                                      | Fle         | ction: 2012                         |
| Conway National B             |                      | ude miliai)              |                                      |             | Primary General                     |
| Mailing Address<br>PO Box 320 |                      |                          |                                      |             | Other (specify) ▼                   |
| City                          |                      | State ZIP 0              | Code                                 |             |                                     |
| Conway                        |                      | SC 2952                  | 8                                    |             |                                     |
| Original Amount of Loan       |                      | Cumulative Payment       | To Date                              | Balance (   | Outstanding at Close of This Period |
| 2 2                           | 200.00               | 2                        | 200.00                               |             | 0.00                                |
| TERMS Date Incurr             | ed                   | Date Du                  | ie Intere                            | est Rate    | Secured:                            |
| 11 D 15 D /                   | Ž013 Y               | M M / D D /              | no due date                          | 18.00       | % (apr) Yes No                      |
| List All Endorsers or Gua     | arantors (if any) t  | o Loan Source            |                                      |             |                                     |
| 1. Full Name (Last, First,    | Middle Initial)      |                          | Name of Employe                      | r           |                                     |
| Mailing Address               |                      |                          | Occupation                           |             |                                     |
| City                          | State                | ZIP Code                 | Amount Guaranteed Outstanding:       |             | 9 1 1 10                            |
| 2. Full Name (Last, First,    | Middle Initial)      |                          | Name of Employe                      | r           |                                     |
| Mailing Address               |                      |                          | Occupation                           |             |                                     |
| City                          | State                | ZIP Code                 | Amount Guaranteed Outstanding:       | ,           | ,                                   |
| 3. Full Name (Last, First,    | Middle Initial)      |                          | Name of Employe                      | r           |                                     |
| Mailing Address               |                      |                          | Occupation                           |             |                                     |
| City                          | State                | ZIP Code                 | Amount Guaranteed Outstanding:       |             | 9                                   |
| 4. Full Name (Last, First,    | Middle Initial)      |                          | Name of Employe                      | r           |                                     |
| Mailing Address               |                      |                          | Occupation                           |             |                                     |
| City                          | State                | ZIP Code                 | Amount<br>Guaranteed<br>Outstanding: | 7           | 7                                   |
| SUBTOTALS This Period Thi     | s Page (optional).   |                          | ·····                                |             | 0.00                                |
| TOTALS This Period (last pa   | ge in this line only | y)                       | ·····                                |             | 7                                   |
| Carry outstanding balance of  | nly to LINE 3. Sci   | nedule D. for this line. | If no Schedule D. ca                 | rrv forward | to appropriate line of Summary.     |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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|   | 13b |

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(check only one) Detailed Summary Page Transaction ID: L915 NAME OF COMMITTEE (In Full) Gloria Bromell Tinubu for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Gloria Bromell Tinubu PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 1403 7th Ave City State ZIP Code SC 29526 Conway Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 700.00 0.00 700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= м</sub> <sup>D</sup> 15 2013 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 700.00 TOTALS This Period (last page in this line only) ...... 327400.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

| (Use separate  |  |  |  |
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| schedule(s)    |  |  |  |
| for each       |  |  |  |
| numbered line) |  |  |  |

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| EBTS AND OBLIGATIONS cluding Loans   |                |                   | schedule(s)<br>for each<br>numbered line) | FOR LINE NUMBER: (check only one)  9  X 10 |  |  |
|--|----------------|-------------------|---|--|--|--|
| AME OF COMMITTEE (In Full)   | or Cor         | arooo             |   |  |  |  |
| Gloria Bromell Tinubu f  A. Full Name (Last, First, Middle Initial) of Debto       |                | igress            | Nature of                                 | Debt (Purpose):                            |  |  |
| Gloria Bromell Tinubu  |                |                   | travel exp                                | travel expense-gas/food                    |  |  |
| Mailing Address 1403 7th Ave   |                |                   |   |  |  |  |
| City State<br>Conway   | Zip Code<br>SC | 29526             |   |  |  |  |
| Outstanding Balance Beginning This Period<br>85.80                                 |                |                   | Transac                                   | tion ID : D426862                          |  |  |
| Amount Incurred This Period 0.00   | Pa             |                   | 35.80                                     | ding Balance at Close of This Perio        |  |  |
| B. Full Name (Last, First, Middle Initial) of Debtor  Lake Research Partners Inc   | or Creditor    | /                 | Nature of                                 | Debt (Purpose):<br>ad survey services      |  |  |
| Mailing Address 1726 M Street NW Suite 1100  |                |                   |   |  |  |  |
| City State<br>Washington   | Zip Code<br>DC | 20036             |   |  |  |  |
| Outstanding Balance Beginning This Period 6500.00                                  |                |                   | Transac                                   | tion ID : D426709                          |  |  |
| Amount Incurred This Period  | Pa             | yment This Period | Outstand                                  | ding Balance at Close of This Perio        |  |  |
| 0.00   | 7              | 7                 | 0.00                                      | 6500.00                                    |  |  |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Mad Dog Mail Inc |                |                   |   | Debt (Purpose):<br>n mailing/advertisement |  |  |
| Mailing Address 5542 First Coast Highway Suite                                     | 300            |                   |   |  |  |  |
| City Fernandina Beach  | State<br>FL    | Zip Code<br>32034 |   |  |  |  |
| Outstanding Balance Beginning This Period  |                |                   | Transac                                   | ction ID : D426708                         |  |  |
| 500.00   |                |                   |   |  |  |  |
| Amount Incurred This Period  0.00  | Pa             | yment This Period | Outstand<br>0.00                          | ding Balance at Close of This Period       |  |  |
| SUBTOTALS This Period This Page (optional)   |                |                   | <b>.</b>                                  | 7000.00                                    |  |  |
| TOTALS This Period (last page this line number                                     | only)          |                   |   | -  |  |  |
| TOTAL OUTSTANDING LOANS from Schedule  | C (last page c | only)             | <b>&gt;</b>                               |  |  |  |

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

**DEBTS AND OBLIGATIONS** Exc

| (Use separate  |  |  |  |
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| schedule(s)    |  |  |  |
| for each       |  |  |  |
| numbered line) |  |  |  |

PAGE 59 OF FOR LINE NUMBER: (check only one)

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| cluding Loans  |                               | numbered line)  | X 10                                |
|--|-------------------------------|-----------------|-------------------------------------|
| IAME OF COMMITTEE (In Full)                          |                               | •               |                                     |
| Gloria Bromell Tinubu f                              | for Congress                  |                 |                                     |
| A. Full Name (Last, First, Middle Initial) of Debto  |                               | Debt (Purpose): |                                     |
| Mr Reginald Poplus                                   |                               | Consulting      | g Services - management             |
| Mailing Address 2475 Enon Rd                         |                               |                 |                                     |
| City State   | Zip Code                      |                 |                                     |
| Atlanta  | GA 30331                      |                 |                                     |
| Outstanding Balance Beginning This Period            |                               | Transacti       | ion ID : D441821                    |
| 4191.66  |                               |                 |                                     |
| Amount Incurred This Period                          | Payment This Period           | N Outstand      | ing Balance at Close of This Period |
|  | rayment mis renot             |                 |                                     |
| 0.00   | 9 9                           | 0.00            | 4191.66                             |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor                   |                 | Debt (Purpose):                     |
| Robbin Shipp   |                               | consulting      | services-general counsel            |
| Mailing Address 154 Chester Dr.                      |                               |                 |                                     |
| City State   | Zip Code                      |                 |                                     |
| Atlanta  | GA 30316                      |                 |                                     |
| Outstanding Balance Beginning This Period            |                               | Transacti       | ion ID : D426714                    |
| 1000.00  |                               |                 |                                     |
| Amount Incurred This Period                          | Payment This Period           | d Outstand      | ing Balance at Close of This Period |
| 0.00   | 7                             | 1000.00         | 0.00                                |
| C. Full Name (Last, First, Middle Initial) of Debto  | or or Creditor                | Nature of I     | Debt (Purpose):                     |
| Mr. James E. Smith Jr. P.A                           |                               | legal serv      |                                     |
| Mailing Address 1422 Laurel Street                   |                               |                 |                                     |
| City   | State Zip Code                |                 |                                     |
| Columbia   | SC 29201                      |                 |                                     |
| Outstanding Balance Beginning This Period            |                               | Transac         | tion ID : D426712                   |
| 600.00   |                               |                 |                                     |
|  |                               |                 |                                     |
| Amount Incurred This Period                          | Payment This Period           | d Outstand      | ing Balance at Close of This Period |
| 0.00   | 7 7                           | 0.00            | 600.00                              |
| <u>I</u>   |                               |                 | 4704.66                             |
| SUBTOTALS This Period This Page (optional)           |                               |                 | 4791.66                             |
| TOTALS This Period (last page this line number       | only)                         | <b>&gt;</b>     | 7 7 7                               |
| TOTAL OUTSTANDING LOANS from Schedule                | C (last page only)            | <b>&gt;</b>     | 7                                   |
| ) ADD 2) and 3) and carry forward to appropriate     | line of Summary Page (last pa | ge only) ▶      | 9 1 9 1 9                           |

(Use separate schedule(s)

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| EBTS AND OBLIGATIONS   |                         |                  | for each       | (check only one) 9  |  |  |
|--|-------------------------|------------------|----------------|---|--|--|
| Cluding Loans  AME OF COMMITTEE (In Full)                        |                         |                  | numbered line) | X 10  |  |  |
| , ,  | bu for Con              | arooo            |                |   |  |  |
| Gloria Bromell Tinul   |                         | gress            |                | /5  |  |  |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor |                         |                  |                | Nature of Debt (Purpose): consulting services-fundraising |  |  |
| The Oblander Group LLC   |                         |                  |                | -   |  |  |
| Mailing Address 1100 Spring St Suite 36                          | 0                       |                  |                |   |  |  |
| City State   | Zip Code                |                  |                |   |  |  |
| Atlanta  | GA                      | 30309            |                |   |  |  |
| Outstanding Balance Beginning This Pe                            | eriod                   |                  | Transacti      | on ID : D426710   |  |  |
| 3496.00  |                         |                  |                |   |  |  |
| Amount Incurred This Period                                      | Paym                    | nent This Period | Outstandi      | ng Balance at Close of This Perio                         |  |  |
| 0.00   |                         | 996.             | .00            | 2500.00   |  |  |
| 7 7  |                         | 7                |                | 7   |  |  |
| B. Full Name (Last, First, Middle Initial) of                    | Debtor or Creditor      |                  |                | ebt (Purpose):<br>consulting                              |  |  |
| The Oblander Group LLC   |                         |                  | านานาสเรแก     | Joonsulling   |  |  |
| Mailing Address 1100 Spring St Suite 36                          | 0                       |                  |                |   |  |  |
| City State   | Zip Code                |                  |                |   |  |  |
| Atlanta  | GA GA                   | 30309            |                |   |  |  |
| Outstanding Balance Beginning This Pe                            | eriod                   |                  | Transacti      | on ID : D441820   |  |  |
| 304.00   |                         |                  |                |   |  |  |
| Amount Incurred This Period                                      | Paym                    | nent This Period | Outstandi      | ng Balance at Close of This Perio                         |  |  |
| 0.00   |                         | 304.             |                | 0.00  |  |  |
| 0.00   |                         | 304.             | .00            | 0.00  |  |  |
| C. Full Name (Last, First, Middle Initial) of                    | of Debtor or Creditor   |                  | Nature of D    | ebt (Purpose):  |  |  |
|  |                         |                  |                |   |  |  |
| Mailing Address  |                         |                  |                |   |  |  |
| 211  | 0.1                     |                  |                |   |  |  |
| City   | State                   | Zip Code         |                |   |  |  |
| Outstanding Balance Beginning This Pe                            | eriod                   |                  |                |   |  |  |
|  |                         |                  |                |   |  |  |
| Amount Incurred This Period                                      | Povm                    | nent This Period | Outstandi      | ng Balance at Close of This Perio                         |  |  |
| Amount incured this Feriod                                       | Fayii                   | lent mis renou   | Outstandi      | ng balance at close of this Fent                          |  |  |
| y  |                         | - y              |                | 7   |  |  |
|  |                         |                  |                |   |  |  |
| SUBTOTALS This Period This Page (opti                            | ional)                  |                  | >              | 2500.00   |  |  |
| TOTALS This Period (last page this line                          | number only)            |                  |                | 14291.66  |  |  |
| The fine forest page this line                                   |                         |                  | _              | 2271225   |  |  |
| TOTAL OUTSTANDING LOANS from Sc                                  | hedule C (last page onl | y)               | >              | 327400.00   |  |  |
|  |                         |                  |                | 341691.66   |  |  |

ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)